



IN THE PATENT AND TM OFFICE

Appn. Number: 09/839,254

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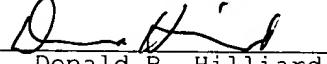
Filing Date : 4-20-01

Applicant(s) : Hilliard, Donald B.

10 Appn. Title : Circular Laser

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 5/28/2004
Donald B. Hilliard Date

Examiner: Leith A Al-Nazer /GAU 2828

Supervisory Patent Examiner: Don Wong /GAU 2800

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RESPONSE/AMENDMENT B REQUEST FOR RECONSIDERATION

25 Dear Sir:

In response to the Office letter mailed 03/29/04, the applicant respectfully requests reconsideration, based on the following:



06-01-04

AF/2828
J FW

PTO/SB/21 (02-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/839,254
Filing Date	4-20-2001
First Named Inventor	Hilliard, Donald B.
Art Unit	GAU 2828
Examiner Name	Leith A Al-Nazer
Total Number of Pages in This Submission	
Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Donald Bennett Hilliard, Appt. Pro Se	
Signature		
Date	5/28/04	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Donald Bennett Hilliard	
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